

Date of Application: \_\_\_\_\_



Shining Light Use Only:

Granted: \_\_\_\_\_

Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

## EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2017-2018

PLEASE PRINT

**APPLICATION INFORMATION:** Applications must be faxed to John Broussard at (337) 446-2880 or mailed with a postmark by the 1<sup>st</sup> of the month prior to the scheduled activity. (See attached guidelines.) All scholarship checks will be made payable to the school and sent by the 15<sup>th</sup> of each month. One child per application, please. Questions? Contact John Broussard at (337) 298-1588.

## SCHOOL INFORMATION

Name of School:	Baranco Elem			
Address:	801 Mudd Ave	Lafayette	LA	70501
	(Street)	(City)	(State)	(Zip Code)
Phone Number:	337 521 7500		Fax Number:	_____
Teacher/Counselor:	Savana Dohmann	Teacher	Email:	sdohmann@lpsonline.com
	(Name)	(Title)		

## STUDENT INFORMATION

Student Name:	De'angelis Sonnier	Grade:	1 <sup>st</sup>
Parent/Guardian:	Odyssey Sonnier	Total Fund Requested:	\$ 11.08
	(Name)		
Parent Phone Number:	337-730-6585	Parent's Contribution:	\$ _____
Does this student qualify for free lunch?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reason for assistance?	_____

## ACTIVITY INFORMATION

Name of Activity:	Zoo of Azadiana Field Trip	Date of Activity:	2/28/2020
Is this activity:	Academic, <input checked="" type="checkbox"/> Cultural, <input type="checkbox"/> Personal Enrichment, <input type="checkbox"/> or Other (Explain): _____		
Please itemize all trip expenses:	1. Transportation \$ 1.72 2. Zoo admission \$ 9.36		
3.	\$ _____	4.	\$ _____

Teacher / Counselor's Signature

Principal's Signature

Parent / Legal Guardian's Signature

Student's Signature

All information and signatures must be provided for consideration of scholarship.

Revision: July 2017